



To News Editor
For Immediate Release

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CUHK Discovers Small Vessel Strokes Can Cause Cognitive Impairment

Small vessel disease (SVD) affects the small blood vessels that supply the subcortical areas of the brain and may cause 'little strokes' that account for a quarter of ischemic stroke cases. While these SVD strokes are relatively mild in terms of mortality and physical disability when compared with other stroke subtypes such as large artery strokes, it is associated with a plethora of cognitive consequences.

However, SVD does not necessarily cause clinical strokes. Population studies have shown that up to 23% of stroke-free, community-dwelling persons of 65 years of age or older have SVD but no strokes. This is 5 times more common than SVD strokes. Recent studies have shown that SVD patients without strokes also exhibit subtle cognitive difficulties that may progress overtime. SVD is the most common cause of vascular cognitive impairment (VCI), which in turn is the second most frequent cause of dementia in the elderly population.

Since 2002, the Department of Medicine & Therapeutics at The Chinese University of Hong Kong (CUHK) and the S.H. Ho Cardiovascular Disease & Stroke Centre have actively studied VCI in nearly 300 Chinese SVD patients. In a study involving a consecutive cohort of 75 SVD stroke patients with an average age of 71, it was shown that 52% had complaints of cognitive decline 3 months after the stroke. Among these patients with cognitive complaints, 72% had mild cognitive impairment and 28% had dementia. On neuropsychological testing even those without cognitive complaints have poorer general and executive cognitive test performance than stroke-free control subjects. Executive cognitive function impairment accounts for difficulties in performing complex tasks such as handling money and managing medications in these patients and hampered their independence in daily living.

The research team is also active in developing neuropsychological instruments for early detection of VCI in local patients. It has recently translated and validated the Montreal Cognitive Assessment (MoCA) for screening for VCI in SVD patients. The MoCA is a cognitive test that examines cognitive functions commonly impaired in VCI. Patients with suspected VCI can receive this brief 10-minute cognitive test in doctor's office or even via the telephone with a modified telephone version.

SVD can be easily and accurately detected by CT or MRI imaging. If you find yourself or your elder family members developing one or more of these problems: slow thinking and response, difficulties in managing complicated tasks such as handling money and own medications, memory decline or rigid thinking, it is time to see your doctor for an evaluation for the presence of SVD.

The World Stroke Organization proclaims the World Stroke Day 2008 on 29 October 2008. The slogan of this year is "Little Strokes, Big Trouble". Little strokes can spell big trouble if ignored. Fortunately, stroke and VCI are both treatable and preventable.



致新聞編輯
請即發放

中大發現小血管中風可引致認知功能障礙

小血管病是指供應大腦皮層下區域的小血管發生病變，引致小中風，佔所有缺血性中風病例的四分之一。與其他中風如大血管中風等比較，小血管中風引致死亡及傷殘的機會較小，但卻與認知功能障礙有著密切關係。

小血管病並不一定會引致臨床中風。研究指出，本港 65 歲或以上無中風史的長者中，有 23% 患有隱性小血管病，比小血管中風的機會多出 5 倍。最近有研究亦發現，部份沒有中風的小血管病患者有輕微的認知功能障礙，並可能隨時間而惡化。小血管病是血管性認知障礙的最常見成因，而血管性認知障礙則是引致癱瘓症的第二大主要原因。

自 2002 年起，香港中文大學（中大）內科及藥物治療學系與何善衡心腦血管病中心研究了近 300 名華人小血管病患者的血管性認知障礙。研究發現，在 75 名平均 71 歲的小血管中風患者當中，有 52% 在中風後三個月出現認知功能下降的徵狀，其中 72% 為輕度認知功能障礙，其餘 28% 則確診為癱瘓症。即使是其餘沒有認知功能障礙的患者，其神經心理學測驗的結果亦顯示他們的一般認知功能與執行性認知功能都較無中風人士差，對執行複雜任務如處理金錢和管理藥物感到困難，並影響獨立生活的能力。

研究人員亦積極發展神經心理學測驗以及早診斷血管性認知障礙患者，最近更翻譯和審定了滿地可認知評估（MoCA）。此評估是一個可應用在小血管病患者上的簡短認知測試。透過滿地可認知評估，病人可以在醫生辦公室，甚至通過電話接受認知檢查。

研究總結，電腦掃描及磁力共振掃描都可輕易及準確地診斷小血管病。如果察覺自己或身邊的長者逐漸出現以下徵狀：思想反應變得遲鈍、處理較複雜的日常工作如管理金錢和藥物的能力下降、記憶力變差或思想變得固執，應詢問家庭醫生並安排進行小血管病的檢查。

另外，世界中風組織宣佈 2008 世界中風日為 2008 年 10 月 29 日。今年的口號是「小中風，大問題」。如果忽視小中風，可能引致大問題。幸運的是，中風和血管性認知障礙都是可治療和預防的。

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